U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORN LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved
Office of Management
and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U-

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

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8. Name and address of Business (including trade name, if any). Name Caesars Hote1 Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3570 las Vegas Blvd South City Las Vegas State Nevada ZIP Code + 4 89109 10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.				
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	12.b. Amount.	\$120			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
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13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				

Name of Person Filing Mary Dougherty	File Number U-
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Part B Continuation Page

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Part B Continuation Page

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